

THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 17, 1884.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

The thirty-fifth annual meeting of this Association was held at Washington, May 6, 7, 8, and 9, 1884. (From the Medical News report.) The Association was called to order in general session by A. Y. P. Garnett, M.D., of Washington, Chairman of the Committee of Arrangements, who, after a prayer, delivered an address of welcome. Letters were reported from A. Pearce Gould, F.R.C.S., and other distinguished medical men of Europe to whom invitations to attend the meeting of the American Medical Association had been sent.

The President, Dr. Austin Flint, then delivered the annual address.

Dr. J. M. Toner, of Washington, moved a vote of thanks to the President, and offered the following resolution concerning Dr. S. D. Gross, which was unanimously adopted:

Whereas, It has come to the knowledge of this Association that one of its former Presidents, and a surgeon of world-wide reputation, is confined to his room by illness, therefore, be it

Resolved, That the American Medical Association expresses to Dr. S. D. Gross its heartfelt sympathy in his illness, and the sincere wish for his speedy recovery and preservation for many years, to the enlargement of the world-wide reputation and justly merited honors to which he has attained.

On motion, the above resolution was telegraphed to Dr. Gross.

Dr. Richardson, of Georgia, stated that he had just left the bedside of the very ill and honored ex-President of the Association, and that when he asked him for any message that he might desire to send, the reply of Dr. Gross was, in a feeble voice, "Give them my love!"

SECTION ON PRACTICAL MEDICINE.

(Dr. J. V. Shoemaker, of Pennsylvania, Chairman.) Dr. E. G. Janeway, of New York, read a paper on

VOL. XVII.—No. 20.

THE DANGER OF RELYING TOO MUCH UPON SO-CALLED PATHOGNOMONIC SIGNS OF DISEASE.

It is often a very brilliant thing, he said, to make a snap diagnosis, but it is not safe to do so; for many so-called pathognomonic signs of special diseases are found, on closer inspection, not to be so in reality. For instance, optic neuritis, conjoined with headache, used to be considered as a pathognomonic sign of cerebral tumor. This is not so. We know that it only means that there is some increased pressure in the brain. You must also eliminate Bright's disease of the kidneys. Volitional tremor is thought by some to be very characteristic of multiple sclerosis, but a similar condition is observed in patients who are under the influence of metallic poisons, such as mercury, and also in those who have partaken freely of alcoholic stimulants. We often find considerable difficulty in cases of coma, in endeavoring to decide whether it is of hemorrhagic or uremic origin. The variations in the temperature of the body are here a valuable help in our investigation; but they are not sufficiently certain to found a positive conclusion upon. The existence of heart murmur, or the absence of it, does not positively settle the point as to whether there is an embolus in the brain or a hemorrhage; and albumen in the urine is often associated with these lesions. The author went on to consider the so-called pathognomonic signs of other diseases—referring to heart and chest disease. It is not wise to rely too much upon these signs, but to take the whole bearing of the case in making the diagnosis.

Dr. Frank Donaldson, of Baltimore, in opening the discussion, spoke of cardiac murmurs. He had known of cases in which the autopsy showed marked stenosis of the mitral orifice, which had presented no murmur during life.

Dr. Janeway said that in some cases of pleurisy of slight grade bronchial breathing is not present, and he had seen people much misled by it. In regard to mitral stenosis he thought that it could sometimes be detected by a long first sound with a slightly blubbery character, even when there was no murmur.

Dr. Austin Flint, of New York, then read a paper on

THE CLINICAL STUDY OF HEART SOUNDS.

This field of research is, he said, a comparatively uncultivated one. In 1858 he read a paper on this subject before the American Medical Association in Washington. This paper which he was now reading he designed to be supplementary to the former one. The views he then expressed, as to the value of the study of heart sounds as op-

posed to *murmurs* (or adventitious sounds added on to or replacing the normal sounds) he still holds. Cardiac murmurs are very important, and they are being carefully studied, but the sounds are too much neglected.

He considered the ordinary division of cardiac sounds into two kinds, the first, or systolic, the second, or diastolic, to be very incomplete. He thought the proper classification would be to say there are five sounds, two of which are diastolic and three systolic.

The diastolic are (1) the aortic and (2) the pulmonary, heard in the right and left second intercostal spaces respectively. The systolic are (1) the mitral, (2) the tricuspid, and (3) the sound caused by the propulsion of the heart against the chest walls, which he would call the impulsion.

This last is heard best at the apex, and determines the length and intensity of the first sound of the heart, and gives the booming character that is heard with this sound. The impulsion sound is heard over only a limited area. The best place to hear the mitral sound proper is in the fourth intercostal space, far enough to the left to eliminate the sound caused by the impulsion. Here the sound is of a purely valvular character. The tricuspid sound is heard at the base of the xiphoid cartilage. Its maximum also is found where the effect of the impulsion of the heart can be eliminated.

Changes in the aortic sound. Incompetency of these valves gives rise to a diastolic murmur. But this murmur furnishes evidence of nothing more than the simple fact that there is an incompetency. Of the extent of the incompetency it furnishes no index whatever. This information must be obtained by the strength or weakness of the aortic sound which is heard along with the murmur, as compared with that of the semilunar valves on the right side, provided these be under normal conditions, or, better still, by noting the character of the impulsive sound of the left ventricle. If this be much interfered with, it is a sign of marked overfilling of the left ventricle, and of a considerable degree of insufficiency.

The aortic sound may be diminished also by the lessened quantity of blood sent into it by the left ventricle, as in cases of mitral disease. It may be increased in one of two ways: by the increased force of the systole of the heart, or by increased pressure in the systemic arteries, as, for example, in contracted kidney. This last cause, which is so much dwelt upon by many authorities as to be taken as almost pathognomonic of contracted kidney, Prof. Flint looked upon as being very doubtful. In some experiments undertaken by Dr. C. F. Roy, in which he abruptly cut off a considerable part of the general circulation by tying a main artery leading to the part, there was hardly the slightest effect produced on the aortic sound. As a matter of clinical experience, he knew that this state of the aortic sound did exist without the disease in the kidney, and *vice versa*.

Changes in the pulmonary sound. This may be increased or diminished. Skoda pointed out the increase in the sound that is noted when the right ventricle is hypertrophied. Besides this, the sound is intensified by any thing causing obstruction in the circulation of the blood through the lungs. Increased blood pressure is met with in the pulmonary circulation in various diseases of

the lungs, such as pneumonia, capillary bronchitis, emphysema, pleurisy, etc., and the amount of increase in the intensity of the pulmonary sound is a gauge of the amount of obstruction in the lung. When the heart is beating more rapidly than usual, as after exertion or in mental excitement, the pulmonary sound is more increased than the aortic from this same reason.

As to the significance of diminished intensity of the pulmonary sound, Dr. Flint would not say much. It would be present in regurgitation, which, however, is an extremely rare affection. The absence of the sound in aortic trouble is also of little practical moment.

Changes in the mitral sound. Heard at the place recommended by him at the beginning of the paper, the mitral sound is short and valvular. A systolic murmur here denotes simply incompetency of the mitral valve, but gives no information as to the degree. The weakness of the sound heard with the murmur will give a clue to this. The sound will also be weak when there is fatty degeneration or dilatation of the heart. In overfilling of the left ventricle, the excursive movements of the mitral valve are interfered with and are lessened. The tension of the valves during the systole will, under these circumstances, be not sufficient to occasion much sound, for the intensity is in proportion to the excursive movement of the valves. In anemia the sound is intensified. In cases in which there is a presystolic murmur, and the sound is more intense, it shows that the curtains of the valves adhere to one another, leaving a button-hole opening. In these cases the action of the valves is strong, and there may be no systolic murmur.

Impulsion sound. This generally predominates very much in healthy persons. It may be increased, decreased, or lost. As it is an ex-cardial sound, and is not transmitted, it is heard over only a limited area. It has a specially booming character in hypertrophy. It is diminished in fatty degeneration and in softening of the tissues of the heart in fevers, when it serves an important purpose in indicating the need of stimulants, etc. In pericarditis, it is lost during the stage of effusion. In these cases the aortic sound may be louder at the apex than the mitral.

Tricuspid sound. Weakness of this sound is of slight importance. A thrombus in the right ventricle has been known to extinguish the sound altogether. In hypertrophy of the right ventricle it is intensified, and this is a better sign of this condition than the increased intensity of the pulmonary sounds, since that depends so much on the variations in the blood-pressure in the pulmonary artery. Disease of this valve is rare, except as a congenital trouble.

This paper gave rise to an elaborate discussion, in which Drs. F. C. Shattuck, J. C. Wilson, Richard McSherry, Garland, Donaldson, Janeway, J. S. Lynch, and Flint took part.

Dr. Louis A. Duhring, of Philadelphia, then read a paper on

DERMATITIS HERPETIFORMIS.

Under this name Dr. Duhring described a most protean form of skin disease which had hitherto

been classed under numerous different names, and had often been left nameless. One form of it had been described by Hebra as impetigo herpetiformis, as a rare and grave disease of which Hebra had had five cases, four of which had died. This, however, was only one form of the disease. In Dr. Duhring's hands the disease, while very intractable, had never ended fatally. He described several varieties, as the pustular, the vesicular, etc. As the disease is so protean in its forms, and certainly herpetic in character, he considered the name he had adopted answered it the best of any. All forms have certain things in common: There are malaise and considerable constitutional disturbance for several days before the appearance of the eruption and intense itching, which continues till the lesions have been ruptured. There is considerable febrile action. The eruption appears mostly over the anterior part of thighs and trunk. It is confined to neither sex, but appears mostly in adult life. It is certainly a systemic disease, and is very intractable and extremely liable to recur.

The next paper was by Dr. James Whitaker, of Ohio, on the

ETIOLOGY OF PERICARDITIS.

This disease is more often overlooked than suspected, and it is often latent, owing to the fact that frequently the local symptoms are slight, and where there is no history of rheumatism it is apt to be overlooked. Rheumatism is the most frequent single cause, but it does not cause the majority of all the cases. Of the frequency of pericarditis, the author quoted statistics showing that about four per cent of autopsies gave evidence of the existence of pericarditis, which is really higher than the proportion of endocarditis; clinically, endocarditis would seem to be more common. Pericarditis should not be classified as primary and secondary, but as mechanical and infectious—the first arises from injuries and from extension of inflammation from contiguous parts, etc.; the second, which is the true pericarditis, occurs in diseases dependent upon the existence of a micro-organism. Rheumatism heads the list, then pyemia, septicemia, typhus and typhoid fevers, scarlatina, etc., malignant dysentery, cholera—in short, all diseases that have a mycotic origin. Three cases have been reported as occurring after vaccination. Infantile pericarditis has generally been referred to puerperal disease in the mother having extended to the child. It proves fatal in the first sixteen days of life. Endocarditis is frequently associated with pericarditis. The treatment medicinally should be anti-zymotics, cold, and rest.

Dr. Prentiss's paper on *The Pharmacopeia* was, on account of the sickness of the author, read by title and referred to the Publication Committee.

Dr. G. V. Black, of Illinois, read a paper on the

PRODUCTION OF POISONS BY MICRO-ORGANISMS.

The association of certain germs with many diseases is pretty certain, but how they cause or modify disease is not explained. The author proceeded to show how in all living things—plants

and animals—there must be digestion, effected by some fluid secreted by the organism which will act as a solvent; there must be absorption of this material and appropriation of it to the needs of the life, and then the throwing off of the waste material. He said that in all forms of life (except the egg and the seed) excretion was of two kinds—one corresponding to the respiratory excretion, which was rich in oxygen, and one corresponding to urea, which was poor in oxygen. In the yeast-plant there are, for example, the carbonic acid, which is the respiratory excretion, and the alcohol, which corresponds to the urea. In plants the alkaloids, which are deposited in the unused part of the tree, are the true analogues of urea in man. The higher plants consume the smallest amount of food in proportion to the amount of structure-building; they, therefore, excrete little. The case is just the reverse with the lowest forms of vegetable life. This general process he called remolecularization. These excreta are generally poisons to the animal or vegetable excreting them. But the poisonous character of the micro-organisms varies as do the alkaloids found in trees and plants. The poison in the micro-organisms correspond to the alkaloids in trees and plants. It is their excreta that renders them dangerous. Before their true effect on the organism can be known, these excreta must be separated and analyzed.

Dr. Traill Green, of Pennsylvania, then read a paper on

THE NEW CHLORATE,

In which he praised the chlorate of sodium, thinking it superior to the potassium chlorate in every case in which the latter is useful, as being more soluble and far less irritating to the stomach. It can be given in larger doses, and therefore is more efficacious. As a local application, in poisoning from the mercury vine, in the proportion of four to twelve grams to five hundred cubic centimeters of water, it is most satisfactory; also, as a local wash in scarlatina. In conjunctivitis, and in irritations of mucous membranes ending in the skin (piles, etc.), it is most soothing. He thought the sodium salts in every way preferable to the potassium salts, and illustrated the difference in the irritating qualities of sodium and potassium salts in the use of bicarbonate of sodium in burns, which answers well, while no one would think of using bicarbonate of potassium for the same purpose. In conclusion, he said that if any physician would try the effect of substituting sodium chlorate for potassium chlorate in his practice for one month, he felt sure that he would discard the potassium for the sodium. He had seen a case of angina yield to sodium chlorate that had resisted the potassium salt.

SECTION ON SURGERY.

The Surgical Section assembled at 2:30 p.m., with C. T. Parkes, M. D., of Chicago, in the chair.

The only paper read was that of Dr. Frederick S. Dennis, of New York, on the

TREATMENT OF COMPOUND FRACTURES.

In advocating any special kind of treatment, the speaker said, there are several salient points to

consider. First, the method should be a safe one, and proved to be such by the crucial test of experience. Second, it should yield results unattended by any septic infection, by shortening, and by deformity. Third, it should be a simple one, unaccompanied by compound splints and cumbersome apparatus.

As essential for the attainment of good results, by whatever method, the author gave these rules: Immediate fixation, absolute cleanliness, and arrangements for thorough drainage when necessary.

Immediately after the injury has been sustained, he said, the wound should be carefully washed with a solution of carbolic acid, or irrigated with a solution of bichloride of mercury, and the plaster-of-paris bandage immediately applied. The bone, if it protrudes and can not be reduced, should be sawed off with the chain-saw. A fenestrum is cut through the bandage to permit free drainage. This was the method employed by the author, and from its use he reported that primary union had occurred in a number of cases without a sign of suppuration and without the use of a fenestrum in the bandage. When suppuration does occur, however, the key-note to success is to keep the parts free from septic irritation, which is accomplished by free drainage and frequent cleansing with antiseptic solutions. When the granulating surface is pale and unhealthy in appearance, a poultice sprinkled with red cinchona bark should be applied. When the parts are healthy, iodoform may be used.

The author then defined what is meant by a compound fracture, stating that the entrance of air to the seat of fracture is an essential condition to its definition, and that, hence, the wound through the soft parts is produced by the injured parts within pushing out. The difference in the manner of union of simple and of compound fractures was treated of. In submitting his report to the Section, the author said he would endeavor to show that the result was at least as good as that obtained from any other plan of treatment. It was unattended in any case with non-union and deformity, and his records, as regards shortening, were as satisfactory as any, and during the process of repair there was as little disturbance of health as was found in any plan of treatment.

The speaker then reported 128 consecutive cases of compound fracture of various parts of the body, with a tabular statement of the results. The report may be summarized thus: compound fractures of skull, 22, with 6 deaths. Of the 16 recovering, 10 were trephined. Compound fractures of thigh, 3; leg, 48; arm, 10; forearm, 13; lower jaw, 8; hand and foot, 19; ribs and nasal bones, 4; miscellaneous cases, 30. Deducting from these cases those who died from shock or within forty-eight hours after injury, he had 95 cases without a death. This mortality was lower, he showed from statistics, than that reported from treatment by the strictest antiseptic Listerian method.

At the close of the reading of this paper, the President was handed a telegram conveying the intelligence of Dr. Gross's death.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

The Section met at 2:30 P. M., Dr. Reamy, of Cincinnati, Chairman, presiding.

Dr. R. S. Sutton, of Pennsylvania, presented a paper on

DESPERATE SURGERY AMONG WOMEN; THE PROPER FIELD FOR IT; WHO SHOULD AND WHO SHOULD NOT ATTEMPT IT.

Desperate surgery, he said, means operations endangering life, and in women it is chiefly intra-abdominal. Its dangers are not to be denied, as is shown by American statistics. The proper place for these operations is not in the general hospital with its pus-soaked walls, or the modern dwelling with its defective sewage, or roadside cottage with its health-bringing air; there can not be found the indispensable nurse, and the surgeon may be a league away. These conditions render such a locality unavailable.

The material elements of safety are: Large airy apartments, no zymotic germs, sun and air space, perfect sewage, quiet city neighborhood, a conscientious nurse, but necessarily a trained one, and the surgeon near his patient. All of these conditions are secured in a private hospital, and with them we can equal the success of Keith or Tait, by whom they are practiced. Statistics show that the best results are obtained in a private or special hospital.

The general practitioner who is exposed to the poisons of scarlatina, diphtheria, and erysipelas, is not warranted in assuming the responsibility of these operations, and by so doing destroys life and makes himself liable to criminal prosecution. The obstetrician encountering puerperal peritonitis and other zymotic diseases has no right to imperil a woman's life. The gynecologist may be the minister of death while attending a case of uterine cancer. The clothing of the practitioner from exposure to infective diseases may be the deadly agent. The history of the past and the judgment of the present decide the operator to be a specialist, and exclude him from general practice. Dr. Sutton concluded with the assertion that, for successful abdominal surgery, the absence of all zymotic-disease poison and the presence of perfect cleanliness and good nurses are essential.

Dr. Engelmann, of St. Louis, then spoke of the importance and difficulty of blending theory and practice. He thought that Dr. Sutton's views are theoretically true.

The late Dr. Hodgen, an acknowledged able surgeon, lost most of his ovariectomies. He attributed it to the fact of his having at the same time practiced general surgery and medicine. He thought that the chief law of success, "absolute cleanliness," was necessary, and that it was best carried out in a private hospital. He had seen an influx of sepsis, apparently from the presence of a single gentleman at an operation, conveyed to the patients that had been and were operated on in a hospital where the most severe abdominal operations had resulted previously in but a slight or no rise of temperature. Dr. Engelmann insisted on the greater value of a "cleansed" than of a trained nurse.

The specialist endangers the success of his operations when he must take the general practitioner as his assistant. If the specialist can achieve absolute cleanliness, he must do it. Even in the English hospitals there remains much to be im-

proved. The private hospital of Dr. Martin is by no means a model one, and he thought his success had been due entirely to skill and cleanliness. Dr. Martin's new hospital is to have a room for major and one for minor operations, and will be so constructed as to be easily flooded, when necessary, with a proper disinfectant.

Dr. Dunlap referred to his experience of over forty years, and said that, theoretically, the statements contained in the paper are true.

One of the main factors of success had been, however, omitted. This is the condition of the patient's mind when removed from her home and left in a hospital. He insisted on the importance of the woman's conviction of recovery after the operation, and did not think the practitioner a walking magazine of death and destruction; yet he is careful of cleanliness, and values the purifying influence of the air in removing the poisons of infectious diseases that may have penetrated the clothing. During 1881-82, almost every one of his ovariectomies died. He lost three cases in succession. Since March, 1883, he has operated twenty-two times, with but two deaths. One of these was in a woman of seventy years; the other, sixty-four and broken down. He is particular to thoroughly cleanse the wound, and treat his hands and instruments in the same manner. He favors the semi-reclining posture for the patient, which is of great importance for drainage. He does not favor the use of carbolic acid in the abdominal cavity, because it prevents the natural absorption of poured-out fluids; at the same time it often interferes with healthy kidney action.

In answer to a question as to the cause of the severe mortality mentioned, he said that he thought it due to atmospheric influences passing over areas of country. His other operations in general surgery had been also unfavorable at that time.

Dr. Quimby, of Jersey City, referred to the two extremes of treatment and precaution advised in this operation.

He takes a middle ground. Believing want of cleanliness one of the greatest dangers, he does not consent to set these operations apart as the work of special persons. During an epidemic of smallpox he had attended cases of confinement with the only precaution of changing the clothing and attending his obstetric patients last. Cleanliness of hands and hair was also practiced, and he failed to observe any disastrous results.

In reply to an inquiry of Dr. Sutton, he said that he had opened the abdominal cavity six or seven times, with a mortality of three.

Dr. Sutton, in conclusion, said that the statement of the low foreign mortality and its causes had not been refuted. His own first seven cases were fatal. After having observed the practice abroad for eighteen months, and having again had four failures in succession, he perceived his error and opened a private hospital. His seven ovariectomies therein performed have all been successful, and his highest temperature rise has been 101.5° F.

Dr. J. Taber Johnson, of Washington, read a paper on

THE EFFECTS OF TRACHELORRHAPHY.

He wished to draw attention to the immediate and the remote effects of the operation.

In some cases the operation is unwisely or unskillfully done, or oftener than is needed. Emmet now does one operation where formerly he would have done ten. This is because he first attempts the cure of endometritis or endocervicitis. In having the unfortunate result of a complete stenosis of the cervix, the fault is with the operator, not the operation. The frequency of laceration is not increased. When the operation is indicated and well performed it is one of the greatest operations of the age.

Dr. Garcelon, of Maine, indorsed several of the author's points. The operation has no effect on pregnancy and conduces to fertility. There are two important reasons for performing the operation: (1) It reduces uterine hyperplasia; he operates in all cases of increased growth whether a laceration exists or not. (2) The scissors must be very sharp; one cut for each side suffices. (3) The parts must be absolutely approximated.

Dr. Woodward, of Vermont, avoids pelvic cellulitis by digital examination; if on any part of the vaginal surface tenderness is produced, he does not draw the neck toward the vulva, as is usually done, but operates with it *in situ*.

The Chairman, Dr. Reamy, said that we ought to operate in all perceptible lacerations, and do so without awaiting the appearance of symptoms. Epithelioma is seen in its frequency and analogous causation on the lower lip of men. He was of the opinion that Emmet is forsaking his most brilliant operation.

WEDNESDAY, MAY 7TH—SECOND DAY.

[GENERAL SESSION.]

The President announced, in affectionate terms, the death of Dr. S. D. Gross, and appointed a committee to consider and report what action should be taken by the Association thereon.

The President then announced the names of the committee to consider the propriety of inviting to meet in the United States, in 1887, the International Medical Congress. Also the committee on the recommendations contained in the President's address.

The report of the Committee on Resolutions, to secure more competent

MEDICAL AND SANITARY SERVICE ON BOARD TRANSOCEANIC PASSENGER VESSELS.

was read by A. N. Bell, M. D., Chairman. The report was, briefly, as follows:

After conference, correspondence, and due deliberation, a bill was prepared and introduced by the Hon. Henry W. Slocum. The report referred to the contrast existing between the percentage of deaths on sea during the four years ending with 1873 and the four ending with 1883. During the former period there were 1,064,180 passengers carried, and 1,333 deaths, or a percentage of .73 per cent per thousand of the total number. For the corresponding period, ending with 1883, the passengers

numbered 1,127,215, the deaths reaching 1,558, or .85 per cent per thousand. This difference of .12 per cent means that 225 lives would have been saved in the latter period had the sanitary conditions in that period been as good as in the former. In conclusion, he stated that the mortality is now three times as large as it should be, or would be, if the sanitary conditions of vessels were properly provided for.

Dr. Pratt, of Michigan, moved that the report be accepted, and the committee be continued, to report one year from the present time.

Dr. Irvin spoke at great length upon the manner in which a similar bill is working in England, where he said that he was the first agitator of the movement.

The report was received and the suggestion adopted.

Dr. Pratt then presented the following:

Resolved, That the American Medical Association, now in session, urges upon Congress the necessity of providing suitable legislation to secure the well-being of immigrants coming to this country, and to protect our own public health.

The address in medicine, by the chairman of the Section of Practical Medicine, Dr. J. V. Shoemaker, of Philadelphia, was then read. The address was referred to the Section on the Practice of Medicine.

Dr. Thaddeus A. Reamy, of Cincinnati, the chairman of the Section on Obstetrics, delivered the address in obstetrics.

EXPERIMENTAL MEDICINE.

The following resolutions were presented by Dr. Henry H. Smith, of Pennsylvania:

Whereas, It appears that an effort is being made to restrict, by legislative action, the practice of investigation in medical science by experiments on animals, and,

Whereas, In the opinion of this Association, such restriction is not needed for the guidance of medical men in their investigations, and would be an injury and a hindrance to the pursuit of knowledge and the improvement of the medical art, therefore,

Resolved, That a standing committee of seven be appointed by the President of the Association, to be known as the Committee on Experimental Medicine of the American Medical Association, charged with the duty of opposing, by all legitimate means, any interference with the progress of medical science by unwise or ill-considered legislation.

Dr. Keyser, of Philadelphia, explained the methods of procedure adopted by the antivivisectionists of his city, and the cards sent to physicians by them.

Dr. Dalton, of New York, spoke of the movement in Philadelphia, and showed the absurdity of the position occupied by the antivivisection agitators.

The resolutions were adopted by a unanimous vote.

MEDICAL ADVERTISING.

Dr. Atwood offered a memorial with reference to the methods of advertising now pursued by our colleges. He said that if it is reprehensible for the physician to advertise, it is equally so for an association of physicians. He claimed that great harm is done by the advertising of free dispensaries, and he regretted deeply that so many men of inferior attainments, connected with colleges, succeed in practice above their superiors who are not so fortunate in position. Adopted.

ELEVATING THE STANDARD OF MEDICAL EDUCATION.

A resolution was offered recommending that the colleges all require a preliminary examination of applicants for admission, a course of three years, and a thorough final examination, including tests of skill in various departments. After some discussion, a motion to lay the resolution on the table was made, but lost. Finally, the resolutions were adopted.

THURSDAY, MAY 8TH—THIRD DAY.

The Association was called to order by the President at ten o'clock.

The committee, appointed at the last meeting to petition Congress to provide a suitable

FIRE-PROOF BUILDING FOR THE SAFE-KEEPING OF THE ARMY MEDICAL MUSEUM AND LIBRARY,

reported that they had presented to Congress resolutions setting forth the present inadequate protection provided for these valuable collections, and asking prompt action on the bill introduced, but no action as yet had been taken. An appropriation of ten thousand dollars per annum was also asked for the support of the library, and five thousand more for the publication of the catalogue. The report was adopted and the committee continued.

Dr. George M. Sternberg, U.S.A., moved that

We earnestly petition Congress to make suitable appropriations for the prosecution of scientific researches relating to the

CAUSES AND PREVENTION OF INFECTIOUS DISEASES OF THE HUMAN RACE,

to be expended under the direction of the National Board of Health, and that a permanent detail of one medical officer of the

army and one of the navy be authorized for the prosecution of researches of this nature.

Resolved, That a committee of five be appointed to present copies of this resolution to the Speaker of the House, to the President of the Senate, and to the chairmen of the Committee on Public Health of the House and of the Senate.

Adopted. Dr. J. M. Keller, of Arkansas, asked attention to a resolution in regard to

CREMATION,

offered by him in Cleveland, and referred to a committee to which was also referred that part of the President's Address regarding the invitation to

THE INTERNATIONAL MEDICAL CONGRESS

to meet in 1887 in this country. The committee reported that they found the sentiment almost unanimous in favor of the invitation. It was therefore recommended that a committee of seven be appointed to present an invitation at Copenhagen, and, if accepted, with power to make all necessary arrangements, and the committee was authorized to draw upon the Treasurer for the preliminary expenses, not exceeding five hundred dollars. They also suggested Washington as the place of meeting.

Dr. J. M. Toner presented the

REPORT OF THE BOARD OF TRUSTEES OF THE ASSOCIATION JOURNAL.

The contract for publication had been given to Newell & Co., of Chicago, and by a fortunate coincidence the editor chosen resided in the same city. The Journal had been commenced, and although, like all new undertakings, it had been somewhat trammelled by lack of funds, its good effect had been largely felt in stimulating members of the Association to pay their dues, and in largely increasing the income of the Association. He further believed that the present year would end with a surplus in the treasury. He then called upon Dr. N. S. Davis, the editor, to make his report.

Dr. Davis reported that arrangements had been made for the publication of the Journal immediately after the last meeting, but that on account of unavoidable delays the Journal was late in appearing, and was a little late in its issue during the first three months. In accordance with the estimates made last year, 3,500 copies were printed at each issue, but before the fourth issue the number was increased to 3,800, and had been continued at that rate until the present time. The total weekly circulation is 3,436, of which 2,171 go to members. Of subscribers for the present year, 650 have paid, leaving 552 who have not paid. It is thus seen that the circulation has considerably exceeded the estimate made. Immediately after the meeting of the Association in Cleveland, circulars were sent to all the medical schools of the country, large drug manufacturing houses, and medical book publishers. In reply, a large number of advertise-

ments was received, but many of them were of such character as to be precluded by the rule adopted by the Board of Trustees. Notwithstanding the restriction alluded to, quite a number of page advertisements were accepted. The income from this source for the first three quarters of the year was about \$1,000; and at the end of the fourth quarter it should reach over \$1,200.

For the first nine months the total income was \$10,345. This might be somewhat reduced by losses, etc. The total receipts from subscribers was \$2,293. On account of the fact that certain subscribers paid but four dollars each, the other dollar being paid to the person securing the subscription, there might be an apparent discrepancy in the figures between the number of subscribers and the amount received therefrom. If all advertisements be paid for, the total receipts would be \$18,547.50; the total amount drawn from the Treasurer of the Association for publication purposes was \$8,171.26; that would make annual expenses \$10,891.25, leaving a balance in the treasury of \$1,650.25 as result of the first year's publication. Deducting therefrom the necessary expenses of the Association, there will be over \$500 still left in the treasury. As a result of the publication of the Journal, the number of members paying dues had been fully double that of any former year. On account of the need of weekly journals west of the Alleghanies, a large proportion of the subscribers came from that section.

Dr. J. M. Toner then resumed his report. In the opinion of the Trustees, the report of the editor showed the Journal to be in a satisfactory condition; it had been conducted with economy, ability, and judgment; the best interests of the Association had been kept in view, and its dignity maintained with rare discretion. It is believed that the experience gained during the past year, with the increased funds, will enable the editor to do better work in the future. If all the available funds were placed in the work of the Journal, the result would be seen in an even more satisfactory periodical. Early this year Dr. Davis had presented his resignation, but, after correspondence with the Trustees, he acceded to their earnest request and withdrew it. Dr. Davis had informed them that while he would do the best he could for the Journal during the coming year, at the end of that period he would absolutely resign. Bids had been received for the publication of the Journal for the coming year from various firms, but the bid of the present publishers had been considered most suitable, and the publication had again been put in their hands.

A minority report was submitted by Dr. John H. Packard, in which, without reflecting upon the wisdom of his colleagues, or censuring the editor, he maintained that the Journal was not, in its present state, up to the standard required of the special organ of the Association. The report concluded by recommending that the resignation of Dr. Davis as editor be accepted, and that the publication office of the Journal be transferred to some eastern city, Washington, Philadelphia, or New York.

The minority report was laid on the table

and the majority report adopted. The Nominating Committee then presented the following list of

OFFICERS FOR THE ENSUING YEAR:

President—H. F. Campbell, M. D., of Georgia.

Vice-Presidents—J. S. Lynch, M. D., of Maryland; D. D. Mercer, M. D., of Nebraska; J. W. Parsons, M. D., of New Hampshire; H. C. Ghent, M. D., of Texas.

Time and Place of Next meeting—New Orleans, on the last Tuesday in April, 1885.

Judicial Council, to fill vacancy, 1886, J. K. Bartlett, M. D., of Wisconsin.

To fill vacancies caused by expiration of term of service, J. H. Murphy, M. D., of Minnesota; J. M. Toner, M. D., of Washington; W. Brodie, M. D., of Michigan; H. D. Holton, M. D., of Vermont; A. B. Sloan, M. D., of Missouri; W. B. Ulrich, M. D., of Pennsylvania; W. M. Beach, M. D., of Ohio.

OFFICERS OF SECTIONS:

Practice of Medicine—H. D. Didama, M. D., of New York, *Chairman*; G. M. Garland, M. D., of Massachusetts, *Secretary*.

Obstetrics—R. S. Sutton, M. D., of Pennsylvania, *Chairman*; J. T. Jelks, M. D., of Arkansas, *Secretary*.

Surgery—Duncan Eve, M. D., of Tennessee, *Chairman*; E. B. King, of Pennsylvania, *Secretary*.

Ophthalmology—Joseph A. White, M. D., of Virginia, *Chairman*; Eugene Smith, M. D., of Michigan, *Secretary*.

Diseases of Children—John H. Pope, M. D., of Texas, *Chairman*; S. S. Adams, M. D., of District of Columbia, *Secretary*.

State Medicine—E. W. Schaeffer, M. D., *Chairman*; J. N. McCormick, M. D., of Kentucky, *Secretary*.

Oral and Dental Surgery—A. W. Harlan, M. D., of Illinois, *Chairman*; J. Ewing Mears, M. D., of Pennsylvania, *Secretary*.

Trustees of Journal—H. F. Campbell, M. D., of Georgia; J. H. Packard, M. D., of Pennsylvania; Leartus Connor, M. D., of Michigan.

Necrology—J. M. Toner, M. D., of District of Columbia, *Chairman*.

The report of the standing Committee on Meteorological Conditions was presented by Dr. N. S. Davis, *Chairman*.

The body of Dr. S. D. Gross was cremated on the 8th instant.

NATIONAL CONFERENCE OF THE STATE BOARDS OF HEALTH.

(Reported for the Louisville Medical News.)

During the fall of last year, Dr. J. N. McCormack, Secretary of the State Board of Health of Kentucky, began a correspondence with other State Boards in regard to the formation of some organization by which the representatives of the health authorities in the various States could be annually brought together for an interchange of views in regard to their practical health work, and for the purpose of securing concert of action and co-operation in the management of epidemic diseases.

A preliminary meeting was held in Detroit, in November, at which a committee to correspond with all State Boards in the interest of the object of the meeting, and another to prepare a plan of permanent organization, were appointed, both committees to report to a meeting to be held in Washington.

In accordance with this announcement a meeting was held in that city on the 7th inst., with the following representatives present, Dr. Stephen Smith, of the National Board of Health; Hon. Erastus Brooks, of New York; Drs. H. P. Walcott, of Massachusetts; E. M. Hunt, of New Jersey; C. W. Chamberlain and C. A. Lindsley, of Connecticut; J. N. McCormack, of Kentucky; C. C. Fite, J. Berrian Lindsley and G. B. Thornton, of Tennessee; Charles H. Fisher, of Rhode Island; J. C. Hearne, of Missouri; Charles N. Hewitt, of Minnesota; John H. Rauch, of Illinois; F. W. Hatch, of California; I. A. Watson, of New Hampshire; Thomas F. Wood, of North Carolina; R. J. Farquharson and G. M. Reynolds, of Iowa; E. S. Elder, of Indiana; G. P. Conn, of New Hampshire; H. B. Baker, of Michigan; J. E. Reeves, of West Virginia; Jerome Cochran, of Alabama, and Dr. Stewart, of Maryland. The committee on permanent organization reported that they had had various plans, suggested by themselves and others, under advisement, and that after full consideration they had unanimously agreed upon the following:

Resolved, That there shall be a conference of executive officers and other representatives of State Boards of Health during the meetings of the American Public Health Association, and at other times if desired, on the call of its officers. All questions arising in the conference shall be determined by vote by States, each State being entitled to one vote. The officers shall consist of a chairman and secretary.

It was decided that the conference should have no constitution or by-laws, and that its sessions should be devoted entirely to the discussion of practical health questions. The report of the committee was unanimously adopted. The conference continued in session for two days, and adjourned to meet in St. Louis, in November next. Hon. Erastus Brooks, of New York, was elected permanent Chairman, and Dr. J. N. McCormack, of Kentucky, Secretary.

Miscellany.

AN ICE WELL.—In boring for water near Snake River, about forty-five miles from Dayton, Oregon, U. S. A., recently, a stratum of frozen earth was encountered at a depth of fifty-five feet. Passing through this for five feet, numerous cavities were found, from which the cold air came in gusts. The escaping air at the bottom of the well can be heard roaring at some distance. It is not possible for any one to hold his hand over the well for any length of time without freezing it, and a bucket of water let down into the well was frozen over in a few minutes. Work on the well has been abandoned on account of the cold.—*Ice-Trade Journal*.

CASE OF POISONING FROM THE BITE OF A COPPERHEAD.—Dr. H. C. Yarrow reports, in the April number of the American Journal of the Medical Sciences, a case of very severe poisoning from the bite of a copperhead, which was successfully treated. He reviews recent investigations concerning the effects of serpent venom, and points out the means and remedies to be employed in cases of snake-bite. He recommends as a chemical antidote the injection in the immediate vicinity of the bite of a one-per-cent solution of permanganate of potassium.

DR. L. P. YANDELL.—In noticing the death of the late senior editor of this journal, the editor of the British Medical Journal says:

"The many warm and affectionate friends of Dr. Lunsford Yandell, of Louisville, will learn with regret that he is no more. Like his brother, Dr. David Yandell, he was much loved and valued by numerous English friends, whom his cultivated intelligence and manly and affectionate character had attached to him. He was a fine type of the chivalrous, fearless, and original-minded

American physician and gentleman—a type which is well known, much valued, and always warmly welcomed here."

A RARE FORM OF VULVAR DISEASE.—Dr. Middleton Michel has recorded, in the American Journal of the Medical Sciences for April, a very rare form of hypertrophic growth consisting of a number of elongated prong-like growths, some an inch in length, of almost scirrhus hardness, springing from the carunculae myrtiformes and fourchette, which caused difficulty in urination. They were removed by the knife without pain or hemorrhage, and two years later they had shown no signs of recurrence.

CEREBRAL AMAUROSIS FOLLOWING AN INJURY TO THE HEAD. OCCURRENCE OF GASTRIC CRISES.—Mr. Robert Kirkland, of Cheltenham, England, reports, in the American Journal of the Medical Sciences for April, a case of amaurosis following contusion of the brain, which was of special interest on account of the occurrence of well-marked gastric crises in every way resembling those of locomotor ataxy.

THE danger of practicing without a diploma in Colorado is thus illustrated: In a small town near Denver, Eli Madlong, practicing as a physician, but without any diploma, prescribed some medicine for a patient who died, presumably from the effects of the prescription; whereupon, says the Chicago Medical Review, the indignant friends of the deceased, hanged the venturesome practitioner by the neck until he was as dead as his unfortunate patient.

A PECULIAR case is related in the British Medical Journal. Several days after a woman's burial it was concluded to hold a post-mortem. While opening the lid, the coffin burst with a loud noise, one of the boards striking the police inspector, and knocking him down. Dr. McDonald, the medical officer in attendance, fainted, and remained unconscious for some time, and has since died. Another physician, who was present is lying seriously ill.—*Weekly Medical Rev.*

ELECTRO-MAGNET IN OCULAR SURGERY. Dr. Glascott uses the electro-magnet in the removal of foreign bodies from the interior of the eye. At a recent meeting of the Manchester Medical Society he reported eight cases, in which it had been successfully used.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.

A Journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

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THE AMERICAN MEDICAL ASSOCIATION.

The recent meeting of the American Medical Association was attended by fully two thousand physicians. The reports speak for much sound scientific work done in the sections, while the interest of the regular sessions was kept up by able addresses and by the transaction of business looking to the good of the Association and the honor of the profession.

The question of the "code," though made the subject of wise and temperate comment by the President in his address, was not permitted to come before the Association for controversy. The wisdom of the fellows in refraining from the further discussion of this threadbare topic can not be questioned. Some expression from the President relative to the existing ethical status of the profession was however expected, and Dr. Flint handled the subject judiciously and to the apparent satisfaction of the old- as well as the new-code men.

He spoke of the good influence which the code had had upon the minds of the profession, and quoted from the addresses of several of the ex-presidents.

The Medical Society of the State of New York had taken precipitate action in changing its code of ethics, the portion of the National Code which had been specially objected to relating to consul-

tations with irregular practitioners. The interpretation of certain parts of the code at different periods seemed to vary more or less, although its intrinsic moral worth ever remained the same. With regard to the meaning of the term irregular practitioner, Dr. Flint thought it should not be interpreted to mean one who might entertain exclusive ideas regarding certain matters in medicine, but rather one who adopted a sectarian name, as homeopath, eclectic, etc. It might prove hazardous to tamper with the code of ethics; but he thought it proper, with the advance of time, to make interpretations of that code as it now stood. He would submit as a recommendation, *that the Association adopt resolutions embodying a more precise specification than the code furnished as to the grounds for excluding consultations with irregular practitioners*, and he would approve of its being stated that those who adopted a sectarian name should be excluded from fellowship with the regular profession. As to that object of the Association relating to the means for directing public opinion with regard to the profession, etc., let it be understood that there could be no antagonism between "humanity" and medical ethics.*

The question of medical education received a due share of attention. The President, though in no way standing as an apologist for existing abuses in this particular, vindicated the cause of medical instruction in this country against the sweeping charges which certain would-be reformers had brought against it. He maintained that "the members of our profession in this country were not ignorant or in any way unworthy. The profession was honorable and honored. In no country was the social status higher. He suggested the appointment of a standing committee, whose functions should be to communicate with State associations and medical colleges with the view to securing uniform action concerning the requirements for matriculation and graduation, and to report to the Association what had been actually accomplished."

Several attempts were made, but with little success, to bring the Association to take a stand in the matter of reform in medical education. Dr. von Klein, of Ohio, gave notice of proposed amendments to the by-laws, offering the following resolutions:

Resolved, That no person who shall hereafter graduate from a college where an educational test

*New York Medical Journal.

is not a prerequisite to admission shall be a delegate to the Association.

Resolved, That all delegates shall present, as a part of their credentials, a certificate from the county or State society they represent, showing from what college and when they graduated, excepting delegates from the army and navy.

The resolution of Dr. Benjamin, "that the Association shall earnestly urge upon all American medical colleges the necessity of elevating the standard of education, at least so far as to require preliminary examination and a three years' course, a registry of attendance, and practical demonstration of diagnostic skill," passed, after a vigorous and well-nigh successful attempt to lay it on the table.

Medical and sanitary service on transatlantic passenger vessels was discussed at length, and steps were taken with a view to securing such action from Congress as shall correct the abuses of this department.

The antivivisection movement received a merited rebuke.

The record of the Journal of the Association during its first year was a topic of absorbing interest.

Dr. Davis presented a very satisfactory report, with the showing of a financial status remarkable for a new venture. The hearty indorsement which his work received at the hands of the committee, and the almost unanimous approval of the members, with the large vote which tabled the adverse minority report and led Dr. Davis to withdraw his resignation, with the promise to continue the work for another year, was no more than a deserved recognition of faithful and efficient service. For, whatever may be said as to the failure of the Journal in attaining that ideal standard of excellence, which too many expected of it at the start, its management has been most praiseworthy, and its record one of which its eminent editor may well be proud.

The standard desired by Dr. Packard will be reached in time; but the Journal can come to it only slowly and by degrees. Another year will doubtless show great improvement.

Bibliography.

Contagious and Infectious Diseases: Measures for their Prevention and Arrest. Circular No. 2. By JOSEPH JONES, M.D., President of the Board of Health of the State of Louisiana.

This circular, which is really a bulky volume of 410 pages, was prepared for the guidance of the quarantine officers and sanitary inspectors of the Louisiana State Board of Health. It treats exhaustively of smallpox, varioloid, chicken-pox, cow-pox, vaccination, and spurious vaccination. Eight full-page colored plates accompany the text. During the recent civil war the author instituted an extended investigation of all subjects bearing upon vaccination; the results of these labors are now fully recorded. The original works of Edward Jenner are out of print and are inaccessible to the profession. During a visit to Europe in 1870, the author secured copies of the works of Jenner, viz., "An Inquiry into the Causes and Effects of Variolæ Vaccinæ," "Further Observation on the Variolæ Vaccinæ," "A Continuation of Facts and Observations relative to the Variolæ Vaccinæ."

Dr. Jones has placed the profession under great obligations, and at the same time greatly enhanced the value of this volume, by republishing the original works of the immortal Edward Jenner. Vaccination is of the greatest importance to the health and material welfare of the public. Than the prevention of smallpox no more important subject can engage the attention of the medical profession and sanitary authorities. This circular of Dr. Jones is invaluable and should be widely distributed. J. B. M.

Eczema and its Management. By L. DUNCAN BULKLEY, A.M., M.D. Second edition. New York: G. P. Putnam's Sons.

We can only reiterate the favorable opinion expressed by the NEWS on the appearance of the first edition of this work.

The book remains a personal one, representing the experience of the author, based on the study of three thousand cases of the disease. A great many additions and alterations are noticed, and certain parts have been rewritten, but no changes affecting the principles of theory and practice have been made. The author claims that, "with careful, thorough, and judicious management, there are few of the chronic diseases which yield such satisfactory and often brilliant results

as eczema, whereas, with routine and imperfect treatment, it can resist cure in a manner unexcelled by few maladies." In this volume the practitioner will find many fresh suggestions and useful hints. J. B. M.

Female Hygiene and Female Diseases. By J. K. SHIRK, M.D., Lancaster, Penn.

This little book was written for the instructions of the laity. Measures for the prevention and cure of the diseases of the female reproductive organs are discussed in the simplest possible language. The author has succeeded in handling this very important subject in a clear and intelligible manner. The work can be safely commended to wives and mothers. J. B. M.

Diagnosis and Treatment of Diseases of the Heart. By Constantin Paul, Member of the Academy of Medicine, Physician to the Lariboisiere Hôpital. Translated from the French. (Wood's Library of Standard Medical Authors.) New York: William Wood & Co., 56 and 58 Lafayette Place. 1884.

Post-Nasal Catarrh and Diseases of the Nose causing Deafness. By Edward Woakes, M.D., Senior Aural Surgeon and Lecturer on Diseases of the Ear, London Hospital; Senior Surgeon, Hospital for Diseases of the Throat, London. Illustrated with wood engravings. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1884.

The Physician and His Relations to the Profession and the Patient. By John Blankinship, M.D. Delivered before the Blount County Medical Society, at the Annual Meeting, as the retiring President, April 7, 1884. Published by request of the Society. Maryville, Tenn: East Tennessee News Job Printing Office.

The Pathology, Diagnosis and Treatment of Diseases of the Rectum and Anus. By Charles B. Kelsey, M.D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum; Consulting Surgeon for Diseases of the Rectum to the Harlem Hospital and Dispensary for Women and Children, etc. With two chromo-lithographs and nearly one hundred illustrations. New York: William Wood & Co., 56 and 58 Lafayette Place. 1884.

Sexual Neurasthenia (Nervous Exhaustion): its Hygiene, Causes, Symptoms, and Treatment, with a chapter on Diet for the Nervous. By George M. Beard, A.M., M.D., formerly Lecturer on Nervous Diseases in the University of the City of New York, Fellow of the New York Academy of Medicine, etc. Author of "Our Home Physician," "Hay Fever," "Stimulants and Narcotics," "Eating and Drinking," etc.

(Posthumous Manuscript.) Edited by A. D. Rockwell, A.M., M.D., Fellow of the New York Academy of Medicine, etc. One of the Authors of "Medical and Surgical Electricity," etc. New York: E. B. Treat, 757 Broadway. 1884. Price, \$2.

Medical Diagnosis with Special reference to Practical Medicine, a Guide to the Knowledge and Discrimination of Diseases. By J. M. DaCosta, M.D., LL.D., Professor of Practice of Medicine and Clinical Medicine at the Jefferson Medical College, Philadelphia, Physician to the Pennsylvania Hospital, etc. Illustrated with engravings on wood. Sixth edition, revised. Philadelphia: J. B. Lippincott & Co. 1884.

Clinical Lectures on Mental Diseases. By T. S. Clouston, M.D., Edin., F.R.C.P.E., Physician Superintendent of the Royal Edinburgh Asylum for the Insane, Lecturer on Mental Diseases in the Edinburgh University, etc.; to which is added an Abstract of the Statutes of the United States, and of the several States and Territories, relating to the Custody of the Insane. By Charles F. Falsom, M.D., Fellow of the American Academy of Arts and Sciences; Assistant Professor of Mental Diseases, Harvard Medical School, etc. Philadelphia: Henry C. Lea's Son & Co. 1884.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editor Louisville Medical News:

Dr. Tarnier, who was recently appointed Professor of Obstetrics at the Paris Faculty of Medicine in succession to Prof. Pajot, transferred to the chair of Clinical Obstetrics, inaugurated his course of lectures by a very interesting dissertation on the advantages of the employment of antiseptics in obstetrical practice. Before, however, entering into the subject matter of his lecture, which was

delivered before a crowded audience, among whom were present a number of professors, *agrégés*, doctors, and of course medical students, Professor Tarnier paid a graceful tribute to his predecessors, Paul Dubois, Depaul, and Pajot, and then went into the history of obstetrics, as observed in the hospitals and lying-in institutions in this city. In doing this he pointed out the immense progress that has been made in the treatment of parturient women, which he said may be easily estimated by the marked decrease of the mortality among the patients of this class, adding that formerly the mortality in the hospitals of Paris was one in every ten cases; now it is scarcely one in one hundred.

In attempting to explain this great mortality of former years Prof. Tarnier stated that it was manifestly due to inattention to the most elementary rules of hygiene; that this state of things was, and still is, in some quarters, put down to some occult agent comprised in the term epidemic, but which term is often employed to cover our ignorance, as in the present case, whereas puerperal affections are almost exclusively produced by contagion. This theory has been professed by Dr. Tarnier for a number of years, and even in his inaugural thesis for the doctorate, in 1857, he endeavored to give a practical demonstration of the correctness of his views. He then pointed out the necessity of separating the diseased from the simply parturient woman, but he was always shown a deaf ear, and he met with the most strenuous opposition from his own masters, who were too strongly imbued with the old-fashioned notions to adopt a theory which, to them, was only problematical. Since his appointment, however, to the Paris Maternity, in 1867, he has been enabled to effect great reforms, and his efforts to reduce the mortality from puerperal causes to a minimum have been crowned with marked success. Besides the isolation of patients, and scrupulous attention to avoid all possible sources of contagion, Prof. Tarnier put into practice the antiseptic method, not the so-called Listerism, but he employs corrosive sublimate in preference to the other antiseptic agents in vogue. Carbolic acid, however, is not entirely discarded, it is simply used for disinfecting the air of the wards, but for lotions, etc., the corrosive sublimate is freely employed in all the circumstances where carbolic acid or any other antiseptic would be considered useful. The hands of the accoucheurs and those of the attendants

are always washed in a solution of corrosive sublimate previous to entering the ward, and the very instruments, whether for obstetrical or other surgical purposes, such as those that will not be affected by the mercury, are steeped in the solution previously to being used. The solution employed is that which bears the name of Van Swieten, and is composed as follows, as given in the French pharmacopeia: Corrosive sublimate, 1 gram; distilled water, 900 grams; rectified spirits, 100 grams.

The other metallic instruments, such, for instance, as the forceps, are first washed with boiling water, then with rectified spirits, and when about to be used are heated over a spirit-lamp. The instruments go through this process after each time they are used.

Each woman that is removed to the lying-in ward has to submit to vaginal injections with the above solution diluted with an equal proportion of water, whatever stage of labor they may be in, and this is renewed every three hours. When the labor is ended, the injection is pushed into the uterus, the solution being warmed to 37° C. Under the influence of this injection the debris of the membranes and the clots of blood are expelled, and the uterus contracts with much greater force than if matters were left to themselves. In this way the double effect of complete antisepsis and hemostasis is obtained. In cases of hemorrhage post-partum, the intra-uterine injection is effected with the same liquid but raised to a temperature of 45° or 50° C. Under the influence of this injection the uterine contractions acquire a degree of strength far superior to that obtained with the ergot of rye. By the adoption of this method M. Tarnier states that he has been enabled to do away almost entirely with the ergot of rye, a drug which, although it has rendered great service, yet it has sometimes been attended with such bad effects that its use should be restricted as much as possible in obstetrical practice.

Besides the injections before and after labor, the genital organs of the parturient patient are washed with the solution of Van Swieten diluted, and a compress steeped in the same solution is applied to the parts. If the patient is healthy, no vaginal injection is employed. These injections are reserved for the four following cases: (1) If the woman is delivered of a fetus macerated or putrefied, giving out offensive odor; (2) If there be retention of the membranes; (3) If the lochia are fetid; (4) If there be injury to the vulva. Finally, when the parturient

woman becomes ill, when she is feverish, if there be abdominal tenderness, intra-uterine injections must be resorted to two or three times a day. In severe injuries, such as rupture of the uterus, the solution is used pure and every half hour, for the first three days, for vaginal injections, and then the strength, as given above, is resorted to. M. Tarnier has the most implicit confidence in this treatment, and he never noticed any bad effects from the mercurial solution beyond slight gingivitis in a few rare cases, but never amounting to salivation, and these same cases would probably have occurred if the mercury had been administered to the patients in any other way and for any other cause. He has never had a death which could be attributed to this method, although he had employed it more than three thousand times within the last three years. He had, however, heard of one, but did not believe in its authenticity.

In a paper that has been recently published it is stated that intemperance in the use of alcoholic liquors kills, in Germany, 40,000 individuals yearly. In Russia it is calculated that only 10,000 die annually; in Belgium, 4,000; in France, 1,500. But the nation that takes the lead in this respect is America, as the report states that 300,000 died in the United States from the effects of alcoholism in the space of eight years!

It is well known that many patients can not continue the use of the iodide of potassium for any time owing to its disagreeable taste. M. Gerard Lague, a *pharmacien*, recommends that the salt should be prescribed with the syrup of gooseberry, which completely covers the acrid taste of the former. It does so more effectually than any other syrup, and he has learned from many physicians, to whom he made the suggestion, that patients generally took more kindly to it than to any other preparation.

PARIS, April 25, 1884.

Selections.

MYXEDEMA.—M. T., a female, aged forty-seven, a machinist. She has had two miscarriages and four living children. Her father died of diabetes, her mother of dropsy. The patient was quite well till fifteen years ago, when she is said to have had syphilis (from her husband). She has had great trouble. There is no history of drinking.

Ten years ago she began to drawl in her speech, and her eyes were puffy; this has continued up to the present time. The catamenia have ceased; all her children were born prior to the onset of her present illness. Her face looks edematous, but does not pit on pressure; the skin has a translucent appearance, with a pinkish tinge on each cheek; there is considerable swelling of the upper eyelids, but no pitting. The hair is scanty and dry. The tongue is large and pale, and is moved slowly, there is no enlargement of the uvula or tonsils. The skin is dry every where, and rough with desquamation in places; the hands are swollen, and the legs also are larger, but do not pit on pressure. The nails are normal.

The patient says she is always better in warm weather—by this she means that she can move about better.

The patient answers questions slowly, and slurs her words, she speaks as if there were something in her mouth. There is no mental deterioration to be perceived, and the patient seems to be remarkably placid, and never gets excited or cross. She walks slowly and is feeble, but there is no dragging of the toes or incoördination of movements, but she is slow in all her movements. The reflexes are normal, except that the patella is diminished. The supraclavicular regions are very prominent. Localization of sensation is normal, but the power of distinguishing two points of contact is impaired. There is slight analgesia and retardation of sensory conduction. The viscera are apparently healthy. The pulse is slow (60), and the temperature is subnormal, rarely being over 97° F.; but whenever she is examined, and if she is made to move about quickly, the temperature rises. After being shown at a medical meeting, her temperature was 100° F. The patient suffered severely from occipital headache before admission. The fundus oculi is normal on both sides.

On testing the nerves, motor points, and muscles with the faradic current the responses were found to be much below normal—a contraction, and that a feeble one, can only be obtained by currents which occasion great pain. This is probably due to the bad conducting power of the skin in its very dry condition, and also to its probable infiltration with mucin.

The urine is pale, acid, specific gravity 1.010, contains no albumen and no casts. Average daily quantity, 70 ounces. The thyroid body can not be felt.

The above notes were taken twelve months ago; since then the course of the disease has been rather remarkable.

The patient was treated with nitro-glycerine, and for some time stated that the medicine did her good; but no good effect could be observed. She also was treated with pilocarpin subcutaneously; the skin acted freely, but no alteration in her condition could be observed. The urine was examined daily for a month, and no albumen or casts were found.

On August 10th last, she complained of intense pain on the top of the head, was very drowsy, and had to be roused to answer questions. Pulse and respiration normal. She had two convulsions on this day.

October 12th: She fell, and fractured her right patella.

January 9th: The patient was very noisy, in great distress, constantly crying and talking, had delusions as to seeing her friends in the ward. Previously to this the patient had been remarkably quiet and placid.

The occurrence of these nervous symptoms is of great interest; the convulsions, delusions, and transitory attacks of mania go far to prove that the disease is something more than mere mucoid infiltrations of the subcutaneous and other tissues.

The patient at present is perfectly rational, and the average amount of urine passed daily is 50 ounces, of specific gravity 1.010, and containing only 3.9 grains of urea to the ounce.—*Birmingham Medical Review*.

GASTRALGIA.—To the horrible, death-like sinkings that belong to gastralgia, though not always actually coincident with the pain, I have already referred incidentally. A man, aged twenty-eight, after a few months' worry, began to have neuralgic pain in the left arm and up the neck. After this, he became subject to nocturnal attacks of "want"—not a craving, nor exactly a faintness, but "an awful emptiness, with a dread at the heart." He was substantially quite healthy, and was soon cured on restorative and tonic treatment. I am now seeing a similar case in Leeds, with Mr. Robson, in a neurotic subject. Vertigo is sometimes associated with this symptom. Slighter degrees of this distress often accompany gastralgia or enteralgia, or, with an unaccountable languor, precede them. These subjective sensations are, of course, to be distinguished from the collapse, sometimes alarming in its degree, which is consequent upon the intenser attacks of abdominal neuralgia. The inten-

sity, indeed, of most severe cases of gastroenteralgia may be seen in the ashen cold face and blue nails. Finally, most gastralgics are subject, not when actually suffering only, but also at all times, to borborygmi. Few people are ignorant of this phenomenon; but it is in neurotics especially that it reaches its most lively and garrulous form. An old and valued domestic, who has recently retired after twenty-five years of household service, and who presented all the phenomena of gastralgia in an active form, was so embarrassed by these audible internal questionings that she almost withdrew herself from waiting at table. In some persons, borborygmi are rhythmical and coincide with the inspiration. The noise is then rather of a churning character, and, I believe, is made in the stomach only. On examination, it will be found that, in these persons, the breathing, when full, is wholly abdominal. Even in women the thorax may be motionless. In addition to tonic measures, gentle dumb-bell exercises are most potent to remove this disorder.—*Dr. Clifford Allbutt, Gullstonian Lecture, No. 2; Med. Press.*

DISCUSSION ON SCARLET FEVER.—Before the Academy of Medicine in Ireland, Dr. J. W. Moore, in the first place, pointed out the strict obedience to the law of seasonal prevalence of scarlet fever which the present epidemic has shown. He illustrated that law by an allusion to the observations made upon the subject by the Registrar-General for England, Dr. Ballard, Dr. J. W. Tripe, and himself. According to the statistics of admissions and deaths from scarlet fever patients, compiled from the register of Cork Street Hospital for ten years, 1874-83, inclusive, it appeared that of seven hundred and thirty-eight patients admitted with the disease, one hundred and ninety-two came in during the first quarter of the year, one hundred and thirty-six during the second, one hundred and ninety-four during the third, and two hundred and sixteen during the fourth. The deaths, one hundred and forty-nine in number, were similarly distributed, thirty-eight occurring in the first quarter, twenty-four in the second, thirty-one in the third, and fifty-six in the fourth. The continued prevalence of so infectious a disease during the autumn and winter was no doubt due to the facilities for the spread of infection afforded by overcrowding and deficient ventilation. As regards the present outbreak, the admissions were: April, 1883, none; May, eight; June, five; July, nine;

August, fifteen; September, twenty-three; October, twenty-seven; November, thirty-two, and December, twenty-six. The epidemic reached its greatest intensity about the end of October, and was now subsiding, according to the usual law. He presented a table showing the number of male and female patients, with the ages, deaths, and mortality in each group. The prevailing type of the disease was scarlatina anginosa, and the mortality up to the end of January, 1884, had been 24 per cent among males and 23.3 per cent among females. The general mortality has so far been 23.6 per cent. Among children under five years of age it was particularly high, 32 per cent among males and 35.3 per cent among females. The chief complications were acute desquamatic nephritis and renal dropsy, uremic convulsions best treated by pilocarpin; diffuse cellulitis of the neck, followed in one instance by cancrum oris; diphtheria in one case, treated with sulphurous-acid spray; rheumatism and, in a private case, phlegmasia alba dolens.

Dr. J. E. Kenny bore out Dr. Moore's statement fully as to moderate temperature favoring the development of scarlatina. Moisture was an important factor in the production and spreading the disease. Another point was the connection of scarlatina and erysipelas. In the late epidemic in August and September erysipelas became frequent, and he had a number of cases of diffuse cellulitis of an aggravated form in the North Dublin Union Workhouse Hospital, and scarlatina in the following month became epidemic in the house itself. He connected the action of the atmospheric influence and the alliance of the two diseases. The defective housing of the poor was one of the great causes of epidemics such as scarlatina; in winter-time ventilation is an important factor, and that was why the epidemic reached a climax in cold weather, though it commenced in moderate temperature. He asked what was the most rapid case in which death occurred? In a child, aged thirteen, he had known it to follow thirty-six hours after the first symptoms.—*The Medical Press*.

EXTRAORDINARY FOREIGN BODIES IN THE NOSE.—Mr. Rushton Parker, before the Liverpool Medical Institution, March 13th, showed a gun breech and bolt removed from the nose after five years. The patient was a Welsh farmer, aged twenty-six, who was brought to him suffering from a fetid discharge from the nostrils and from the upper

jaw inside the lip, with the history of a gun accident five years previously. The discharge was supposed to proceed from a necrosed bone, and Mr. Parker at once made arrangements for removing the diseased portions, the patient taking lodgings in Liverpool for the purpose. In order to avoid disfigurement, the opening between the lip and jaw was enlarged and, after considerable violent traction, a loose body was removed, which proved to be a breech and bolt of a single barreled fowling-piece, which had remained imbedded ever since the gun accident five years before. The bleeding was profuse, but was allayed by hot water. The weight of the metal removed was three and a half ounces, and the length about two and a half inches. He mentioned that a somewhat similar case had been noted by Mr. Lawson. He then showed some specimens of comparative pathology, and afterward a simple mammary cyst that was of interest clinically, as it was almost solid and so hard as to be scarcely distinguishable before removal from cancer.—*Medical Press*.

STRYCHNIA IN DELIRIUM TREMENS.—Dr. Dujardin-Beaumetz (*Bulletin de Thérapeutique*), while disagreeing with the opinion of Dr. Luton, of Rheims, that strychnia is the appropriate medical agent for combating alcoholism in general, is quite in accord with him as to its great value in the treatment of delirium tremens. In this it is one of the most certain and efficacious of remedies which he has successfully availed himself of in many cases at the St. Antoine Hospital. He administers it in hypodermic injections, beginning with a dose of five milligrams, which he repeats in five hours. Sometimes, if the symptoms persist, he gives a third injection within the twenty-four hours.—*Medical Press*.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, May 4, 1884, to May 10, 1884.

Webster, Warren, Major and Surgeon, granted leave of absence for six months, from April 29, 1884, on account of sickness. (Par. 5, S. O. 103, A. G. O., May 3, 1884.) *Sternberg, George M.*, Major and Surgeon, now at Governor's Island, New York Harbor, ordered to repair to this city (Washington, D. C.) to represent the Medical Department of the Army at the annual meeting of the American Medical Association, to meet on May 5, 1884, and on adjournment of the Association to return to Governor's Island. (Par. 2, S. O. 103, A. G. O., May 3, 1884.)